

# Foster Family Home - Corrective Action Report

Provider ID: 1-170078

Home Name: Richard Lindenmuth Jr., CNA

Review ID: 1-170078-5

1134 Iomea Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 9/28/2020

## Foster Family Home

## Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 10/28/2020.

6.(d)(1)- see applicable sections of the review

## Foster Family Home

## Background Checks

[11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#2's APS/CAN lapsed on 1/8/2020 and renewed on 2/5/2020. CG#4's APS/CAN lapsed on 9/6/2020 and renewed on 9/16/2020.

## 3 Person Staffing

## 3 Person Staffing Requirements

(3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff- CG#2 (NA) and CG#1 have not signed in and out in Sign Out/In Form for today; last completed on 8/24/2020. CG#1 was not home at the time of the inspection.

## Foster Family Home

## Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a)- No Admission Policy and Agreement completed on the day of admission to CCFFH for Client #1, Client #2, and Client #3 seen in home binder.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- No Service Plan seen in Client #3's chart.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- One medication label does not match MD order and the Medication Administration Record (MAR).

Client #2- No MAR started for the month of September 2020.

Client #3- One medication does not match the MAR against the medication label and MD order.

Shivika Nakawine, M  
Compliance Manager  
[Signature]  
Primary Care Giver

9/28/2020  
Date  
9/28/20  
Date

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Richard Lindenmuth, Jr

(PLEASE PRINT)

CCFFH Address: 1134 Iomea Place, Wahiawa, HI 96786

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.a.2	Lapse cannot be corrected. CG#2's APS/CAN was scheduled on 1/3/20 & CG#4's APS/CAN was scheduled on 9/1/20.	CG#2 - 2/5/20 CG#4 - 9/16/20	Home will set up a calendar reminder for all caregivers background checks at least 3 weeks prior to the expiration, to prevent future lapses.
3P.b.2	Immediately signed the Sign Out/In form.	9/28/20	Home will have a sign by the door as a reminder to fill out and sign the Sign Out/In form prior to leaving.
53.a	Printed out Admission Policy & Agreement off of the CTA website for Client #1, Client #2 & Client #3, then have the form signed.	9/28/20	Home will ensure that an Admission Policy & Agreement is signed by client or legal representative moving forward.
54.c.2	Notified CMA for Client #3 of the missing service plan from the binder and was emailed a copy of the service plan.	10/9/20	Home will double check the binder for the service plan prior to or during admission of the client.
54.c.5	MAR for Client #3 was corrected to reflect the med increase and notified CMA for the changes to reflect in the new MAR.	9/28/20	Home will fax the doctors notes to CMA immediately after the doctors visit.

☒ All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Date: 10/23/20

☒ CTA has reviewed all corrected items

**CTA RN Compliance Manager:**

**Maribel Nakamine**

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate:

**(PLEASE PRINT)**

CCFFH Address:

**(PLEASE PRINT)**

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.c.5	MAR for Client #2 was found in the back of binder filled out up to 9/27/20, transferred the MAR to the correct spot.	9/29/20	Home ensure that the MAR will filled out and not removed from the binder.
54.c.5	MAR for Client #1 was corrected to reflect the correct dosage and notified CMA to reflect in the new MAR.	10/22/20	Home will double check and make sure that the MAR matches the medication and the current doctor's medication orders.

☒ All items that were fixed, are attached to this CAP

PCG's Signature:

Date: 10/23/20

☒ CTA has reviewed all corrected items